

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214541771				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: MACERICH MANAGEMENT COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2014</p> <p>SCC ID NO: F1646654</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 401 WILSHIRE BLVD STE 700</p> <p style="text-align: center;">CITY/ST/ZIP: SANTA MONICA, CA 90401</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EDWARD C COPPOLA TITLE: PRESIDENT ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EDWARD C COPPOLA TITLE: PRESIDENT ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME:	MARK A JACOBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	JOHN P JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	SCOTT W KINGSMORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	GENENE M KRUGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	OLIVIA LEIGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	TOM J PENDERGRAST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	JOHN PERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	MADONNA R SHANNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	DAVID M SHORT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	STEPHEN L SPECTOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		
NAME:	TIM STEFFAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	401 WILSHIRE BLVD STE 700		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS C UNIS SR VP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH VOLK SR VP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J ZECCHINI SR VP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR M COPPOLA CHAIRMAN/CEO 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J LEANSE SR EVP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E O'HERN SR EVP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA K ANDERSON VICE CHAIR 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY L BRANT EVP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT D PERLMUTTER EVP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC V SALO EVP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MADONNA R SHANNON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		MADONNA R SHANNON, SR VP PRINTED NAME AND CORPORATE TITLE	
		9/2/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			